

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5	X					
6	X					
7	X					
8	X					
9	X					
10	/					
11		/				
12		/				
13		/				
14		/				
15	/					
16	X					
17	X					
18	X					
19	X					
20	X					
21	X					
22	X					
23	X					
24	/					
25	X					
26	X					
27	X					
28	X					
29	X					
30	X					
31	X					
32	X					
33	X					
34	X					
35	/					
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	5					
TOTAL DEP.	13					
TOTAL CLAIMS	18					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						